

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043108

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 50 Primary Registration District No. 4072 Registrar's No. 62

FILED NOV 19 1963

1. PLACE OF DEATH a. COUNTY <b>CAMDEN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>CAMDEN</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>LINN CREEK</b>		c. CITY OR TOWN <b>LINN CREEK</b>	
Length of stay in 1b <b>LIFE</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>PHINEUS HEZEKIAH GEORGE</b>			4. DATE OF DEATH <b>NOVEMBER 15, 1963</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10/5/1874</b>	9. AGE (last birthday) <b>89</b>	10. IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MAIL CARRIER</b>			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (City and state or country) <b>Brumley, Missouri</b>			12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>		
13a. BRYANT'S NAME <b>BRYANT GEORGE</b>			13b. MOTHER'S MAIDEN NAME <b>SARAH C. HAWKINS</b>		
14. NAME OF HUSBAND OR WIFE <b>ANNAE. GEORGE</b>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)		
16. SOCIAL SECURITY NO. <b>579 ANNA GEORGE Linn Creek, Mo.</b>			17. INFORMANT Address		

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>NEURO-CIRCULATORY COLLAPSE</b> DUE TO (b) <b>CEREBRAL-ARTERIOSCLEROSIS</b> DUE TO (c) <b>3 YEARS</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 MINUTE</b>
---	--	--

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
---	--	--	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>11-15-63</b>	COUNTY <b>Camden</b> STATE <b>Mo.</b>
21. I attended the deceased from <b>6-9-60</b> to <b>11-15-63</b> and last saw her alive on <b>11-15-63</b> Death occurred at <b>6:30 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <b>W. H. Hedges</b> (Degree or title) <b>MD.</b>	22b. ADDRESS <b>Camden, Mo.</b>	22c. DATE SIGNED <b>Nov. 16-1963</b>
23a. BURIAL, CREMATION, REMOVAL (city)	23b. DATE <b>11/17/63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>DALE BLAIR Cemetery</b>
24. FUNERAL DIRECTOR <b>WALTER HEDGES</b> ADDRESS <b>Camden, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Nov. 16-1963</b>
26. REGISTRAR'S SIGNATURE <b>Zilpha J. Shaw</b>		

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59  
1 0150  
2 0150  
3  
4 0  
5 1  
6  
7 0  
8 2  
9 334x  
10  
11  
12 90-0  
13 20

NOV 20 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Walter P. Hedges*

Licensed Embalmer No.

*42645*

P. O. Address

*Camden, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.